

Investigator's Motor Vehicle Accident Report

Sheet 1 of 1

2	Total Number of Vehicles	Local No./ District	218	Agency Case No.	B3-115735	HIT & RUN?	<input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE?	<input checked="" type="radio"/> YES <input type="radio"/> NO	1
A1	DATE OF ACCIDENT	M M / D D / Y Y Y Y	1 2 / 1 6 / 2 0 1 3	S M T W T H F S	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	TIME OF ACCIDENT	1 5 0 2	STATE USE ONLY		
A2	PLACE OF ACCIDENT	COUNTY	L A N C A S T E R	CITY	L I N C O L N	POLICE NOTIFIED	1 5 0 5	LATITUDE		
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO.	Tallgrass Aky & Aster Rd.				ONE-WAY STREET?	<input type="radio"/> YES <input checked="" type="radio"/> NO	LONGITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W	OF MILEPOST	HIGHWAY NO.	SHOULD LOCATION HAVE ENGINEERING STUDY?				
D	IF AT INTERSECTION					IF NOT AT INTERSECTION				
	NAME OF INTERSECTING ROADWAY					OF NEAREST STREET, BRIDGE, RAILROAD CROSSING				
V1/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN									
V2/M	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN					
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY?					
	<input type="radio"/> YES <input checked="" type="radio"/> NO									
VEHICLE NO. 1										
F	DRIVER LICENSE NO.	H 1 2 1 5 6 1 0 5				STATE (Of License)	N E	SEX	<input checked="" type="radio"/> FEMALE <input type="radio"/> MALE	
V1/N	DRIVER	Yang B. Jones				PHONE	(402) 432 - 6762			
V2/N	DRIVER ADDRESS	718 W. Godfrey				CITY, STATE, ZIP	Lincoln, NE 68521			
G	OWNER	Jeffrey & Yang Jones				PHONE	(402) 432 - 6762			
	OWNER ADDRESS	718 W. Godfrey				CITY, STATE, ZIP	Lincoln, NE 68521			
H	LICENSE PLATE NO.	S S K 8 7 5				YEAR (Plate Expires)	2 0 1 4	STATE (Of Plate)	N E	
V1/O	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE			
	2009	Jeep	G. Cherokee	UTL	Red	TOTALLED \$2,500.00				
V2/O	VEHICLE ID NO. (VIN)	1 J 8 G R 4 8 K 4 9 C 5 2 5 3 0 9				INSURANCE COMPANY	Stake Farm			
	TOWED TO	6660 Tallon Dr. Performance Dodge				TOWED BY	Capital Towing			
	POLICY NO.	0666 6266-C14-27A								
VEHICLE NO. 2										
F	DRIVER LICENSE NO.	G 0 4 0 0 3 5 1 0				STATE (Of License)	N E	SEX	<input type="radio"/> FEMALE <input checked="" type="radio"/> MALE	
V1/P	DRIVER	Sonja A. Piper				PHONE	(402) 450 - 7395			
V2/P	DRIVER ADDRESS	4916 NW Cuming St.				CITY, STATE, ZIP	Lincoln, NE 68521			
J	OWNER	William A. Stangl				PHONE	(402) 450 - 7395			
	OWNER ADDRESS	4916 NW Cuming St.				CITY, STATE, ZIP	Lincoln, NE 68521			
V1/O	LICENSE PLATE NO.	S E F 2 6 0				YEAR (Plate Expires)	2 0 1 4	STATE (Of Plate)	N E	
V2/O	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR	ESTIMATED DAMAGE			
	2013	Chevrolet	Silverado	Pick-up	Brown	TOTALLED \$1,200.00				
K	VEHICLE ID NO. (VIN)	3 G C P K 5 E 7 2 D G 3 0 3 5 0 4				INSURANCE COMPANY	Member Select Ins Co.			
	TOWED TO					TOWED BY				
	POLICY NO.	47174190								

Complete this section for all injured persons
(Complete a continuation report, if more than three were injured)

VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1	2	3	4	5	SEX
				Seat Position	Eject	Body Region	Injury Sov.	Trans.	M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1	2	3	4	5	SEX
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1	2	3	4	5	SEX
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1	2	3	4	5	SEX
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.

B3-115735



Indicate North by Arrow

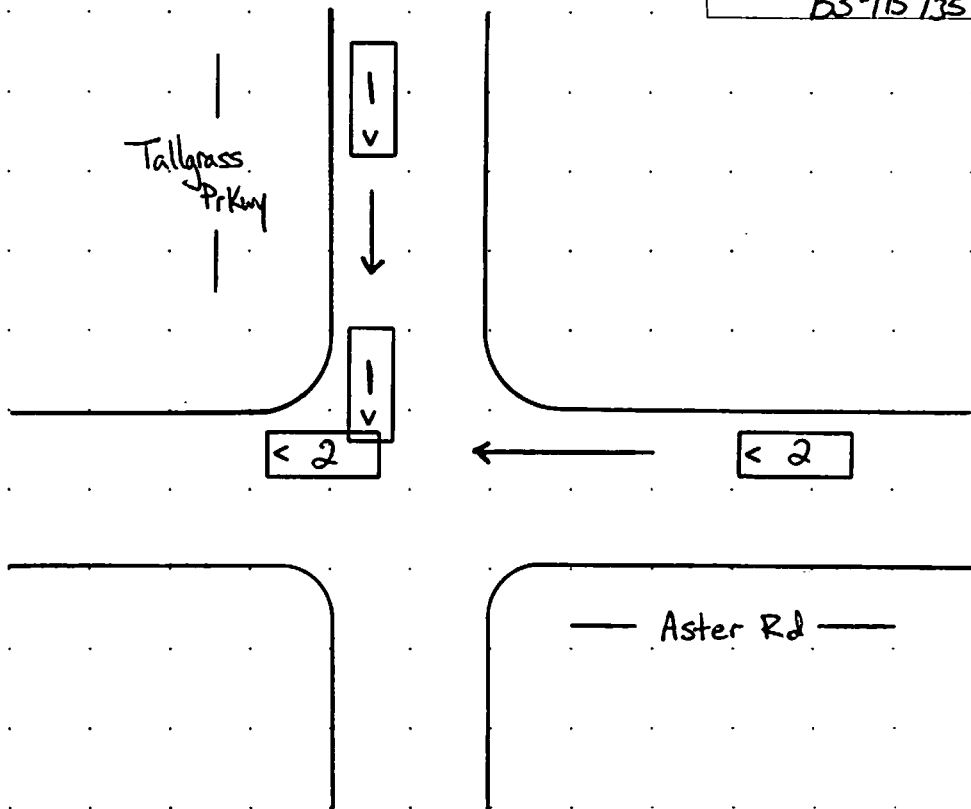
PoI - Estimated

8' S of N

Curb of Aster Rd

10' E of W

Curb of Tallgrass Pkwy



- ⊗ All measurements are approximate
- ⊗ Diagram not to scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver of veh #1 stated she was driving southbound on Tallgrass Parkway, approaching Aster Rd. She stated as she approached the intersection she looked for westbound veh's, however did not see any and continued into the intersection, where she struck veh #2.

Driver of veh #2 stated she was driving westbound on Aster Rd approaching Tallgrass Parkway. Driver #2 stated she saw veh #1, however believed it was far enough away to make it through the intersection safely. Driver #2 stated as she was nearly through the intersection she was struck by veh #1. Driver #2 believed veh #1 was speeding, however there were no witnesses or evidence to suggest this.

No citations issued as this is an open intersection.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE																
				() -	\$																
WITNESSES	NAME	ADDRESS	PHONE																		
			() -																		
VEHICLE MOVEMENT BEFORE COLLISION	VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME															
	1	X				Tallgrass Pkwy															
POINT OF IMPACT AND MOST DAMAGED AREA	VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME															
	2			X		Aster Rd.															
AIRBAG DEPLOYED	VEH NO.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
	1	4																			
RESTRAINT USE	VEH NO.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
	1	2																			
TOTAL OCCUPANTS	VEH NO.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
	1	2																			
ALCOHOL TESTING	Driver No. 1	Driver No. 2	Podiatrist																		
	Y	Y	Y																		
ALCOHOL LEVEL TESTED	Driver No. 1	Driver No. 2	Podiatrist																		
	N	N	N																		
BAC LEVEL	Driver No. 1	Driver No. 2	Podiatrist																		
	/	/	/																		
ALCOHOL/DRUGS SUSPECTED	Driver No. 1	Driver No. 2	Podiatrist																		
	1	1	1																		
OFFICER NO.																					
	1586																				
TROOP/TEAM/BEAT																					
	1A																				
DEPARTMENT																					
	Lincoln Police Dept.																				
INVESTIGATOR NAME (Print or Type)																					
	R. Martin																				
INVESTIGATOR SIGNATURE																					
	[Signature]																				
DATE OF REPORT																					
	12/16/2013																				